MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/856819

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6		5				
7	/					
8		/				
9		①				
10						
11		①				
12		①				
13		/				
14		①				
15		①				
16		①				
17		/				
18	/					
19		①				
20	/					
21	/					
22	/					
23						
24						
25		4				
26		4				
27	/					
28		/				
29		2				
30		①				
31		①				
32		①				
33		①				
34		①				
35	/					
36		/				
37		2				
38		/				
39		2				
40		①				
41		①				
42						
43		①				
44		①				
45		①				
46		①				
47		①				
48		/				
49		①				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52						
53		①				
54						
55		①				
56		①				
57		①				
58						
59		①				
60		①				
61		①				
62		①				
63		①				
64	/					
65			/			
66			/			
67			/			
68			/			
69			/			
70			/			
71			/			
72			/			
73			/			
74			/			
75			/			
76			/			
77			/			
78			/			
79			/			
80			/			
81			/			
82			/			
83			/			
84			/			
85			/			
86			/			
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.			26			
TOTAL CLAIMS			29			

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831